

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)ATTORNEY'S DOCKET NUMBER
2300-1481CIP

As a below-named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

Novel Human Genes and Gene Expression Products II
the specification of which (check only one item below):

is attached hereto.
 was filed as United States application

Serial No. _____

on _____,

and was amended

on _____ (if applicable).

was filed as PCT international application

Number PCT/US99/01619

on January 28, 1999,

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

| COUNTRY (if PCT, indicate "PCT") | APPLICATION NUMBER | DATE OF FILING (day, month, year) | PRIORITY CLAIMED UNDER 35 USC 119 |
|-------------------------------------|--------------------|--------------------------------------|---|
| U.S.A. | 60/072,910 ✓ | January 28, 1998 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| U.S.A. | 60/075,954 ✓ | February 24, 1998 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| U.S.A. | 60/080,114 ✓ | March 31, 1998 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| U.S.A. | 60/080,515 ✓ | April 3, 1998 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| U.S.A. | 60/105,234 | October 21, 1998 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| U.S.A. | 60/105,877 | October 27, 1998 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| U.S.A. | 60/080,666 ✓ | April 3, 1998 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

Combined Declaration For Patent Application and Power of Attorney (Continued)
(Includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER
2300-1481CIP

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:

**PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT
UNDER 35 U.S.C. 120:**

| U.S. APPLICATIONS | | STATUS (Check one) | | |
|-------------------------|------------------|--------------------|---------|-----------|
| U.S. APPLICATION NUMBER | U.S. FILING DATE | PATENTED | PENDING | ABANDONED |
| PCT/US99/01619 | January 28, 1999 | | XX | |
| | | | | |
| | | | | |

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

Karl Bozicevic, Reg. No. 28,807
Bret E. Field, Reg. No. 37,620
Dianna L. DeVore, Reg. No. 42,484

Carol L. Francis, Reg. No. 36,513
Pamela J. Sherwood, Reg. No. 36,677

| | |
|---|---|
| Send Correspondence to: | Direct Telephone Calls to: (name and telephone number) |
| BOZICEVIC, FIELD & FRANCIS LLP 285 Hamilton Avenue, Suite 200 Palo Alto, California 94301 Telephone: (650) 327-3400 Facsimile: (650) 327-3231 | Name: Registration No. Telephone: (650) 327-3400 |

| | | | | |
|-----|-------------------------|--|--|--|
| 201 | FULL NAME OF INVENTOR | FAMILY NAME Williams | FIRST GIVEN NAME Lewis | SECOND GIVEN NAME T. |
| | RESIDENCE & CITIZENSHIP | CITY Tiburon | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP U.S.A. |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 3 Miroflores | CITY Tiburon | STATE & ZIP CODE/COUNTRY California 94920 |
| 202 | FULL NAME OF INVENTOR | FAMILY NAME Escobedo | FIRST GIVEN NAME Jaime | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY Alamo | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP CL |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 1470 Lavorna Road | CITY Alamo | STATE & ZIP CODE/COUNTRY California 94507 |
| 203 | FULL NAME OF INVENTOR | FAMILY NAME Innis | FIRST GIVEN NAME Michael | SECOND GIVEN NAME A. |
| | RESIDENCE & CITIZENSHIP | CITY Moraga | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP U.S.A. |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 315 Constance Place | CITY Moraga | STATE & ZIP CODE/COUNTRY California 94556 |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | |
|---------------------------|---------------------------|---------------------------|
| SIGNATURE OF INVENTOR 201 | SIGNATURE OF INVENTOR 202 | SIGNATURE OF INVENTOR 203 |
| DATE | DATE | DATE |

| | | | | |
|-----|-------------------------|--|--|--|
| 204 | FULL NAME OF INVENTOR | FAMILY NAME Garcia | FIRST GIVEN NAME Pablo | SECOND GIVEN NAME Dominguez |
| | RESIDENCE & CITIZENSHIP | CITY San Francisco | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP CL |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 882 Chenery Street | CITY San Francisco | STATE & ZIP CODE/COUNTRY California 94131 |
| 205 | FULL NAME OF INVENTOR | FAMILY NAME Sudduth-Klinger | FIRST GIVEN NAME Julie | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY Kensington | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP U.S.A |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 280 Lexington Road | CITY Kensington | STATE & ZIP CODE/COUNTRY California 94707 |
| 206 | FULL NAME OF INVENTOR | FAMILY NAME Reinhard | FIRST GIVEN NAME Chrostop | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY Alameda | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP DE |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 1633 Clinton Avenue | CITY Alameda | STATE & ZIP CODE/COUNTRY California 94501 |
| 207 | FULL NAME OF INVENTOR | FAMILY NAME Giese | FIRST GIVEN NAME Klaus | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY Berlin | STATE OR FOREIGN COUNTRY Germany | COUNTRY OF CITIZENSHIP DE |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS Chausseetraub 92 | CITY Berlin | STATE & ZIP CODE/COUNTRY Germany 10115 |
| 208 | FULL NAME OF INVENTOR | FAMILY NAME Randazzo | FIRST GIVEN NAME Fillippo | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY San Francisco | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP U.S.A. |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 690 Chestnut Street, #403 | CITY San Francisco | STATE & ZIP CODE/COUNTRY California 94133 |
| 209 | FULL NAME OF INVENTOR | FAMILY NAME Kennedy | FIRST GIVEN NAME Giulia | SECOND GIVEN NAME C. |
| | RESIDENCE & CITIZENSHIP | CITY San Francisco | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP U.S.A. |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 360 Castenada Avenue | CITY San Francisco | STATE & ZIP CODE/COUNTRY California 94116 |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | |
|---------------------------|---------------------------|---------------------------|
| SIGNATURE OF INVENTOR 204 | SIGNATURE OF INVENTOR 205 | SIGNATURE OF INVENTOR 206 |
| DATE | DATE | DATE |
| SIGNATURE OF INVENTOR 207 | SIGNATURE OF INVENTOR 208 | SIGNATURE OF INVENTOR 209 |
| DATE | DATE | DATE |

| | | | | |
|--|-------------------------|---|--|--|
| 210 | FULL NAME OF INVENTOR | FAMILY NAME Pot | FIRST GIVEN NAME David | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY San Francisco | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP CA |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 1565 5th Avenue, #102 | CITY San Francisco | STATE & ZIP CODE/COUNTRY California 94112 |
| 211 | FULL NAME OF INVENTOR | FAMILY NAME Kassam | FIRST GIVEN NAME Altaf | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY Oakland | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP U.S.A. |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 2659 Harold Street | CITY Oakland | STATE & ZIP CODE/COUNTRY California 94602 |
| 212 | FULL NAME OF INVENTOR | FAMILY NAME Lamson | FIRST GIVEN NAME George | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY Moraga | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP U.S.A. |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 232 Sandringham Drive | CITY Moraga | STATE & ZIP CODE/COUNTRY California 94556 |
| 213 | FULL NAME OF INVENTOR | FAMILY NAME Drmanac | FIRST GIVEN NAME Radoje | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY Palo Alto | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP YU |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 850 East Greenwich Place | CITY Palo Alto | STATE & ZIP CODE/COUNTRY California 94303 |
| 214 | FULL NAME OF INVENTOR | FAMILY NAME Crkvenjakov | FIRST GIVEN NAME Radomir | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY Sunnyvale | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP YU |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 762 Haverhill Drive | CITY Sunnyvale | STATE & ZIP CODE/COUNTRY California 94068 |
| 215 | FULL NAME OF INVENTOR | FAMILY NAME Dickson | FIRST GIVEN NAME Mark | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY Hollister | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP U.S.A. |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 1411 Gabilan Drive, #B | CITY Hollister | STATE & ZIP CODE/COUNTRY California 95025 |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p> | | | | |
| SIGNATURE OF INVENTOR 210 | | SIGNATURE OF INVENTOR 211 | SIGNATURE OF INVENTOR 212 | |
| DATE | | DATE | DATE | |
| SIGNATURE OF INVENTOR 213 | | SIGNATURE OF INVENTOR 214 | SIGNATURE OF INVENTOR 215 | |
| DATE | | DATE | DATE | |

| | | | | |
|--|-------------------------|---|--|---|
| 216 | FULL NAME OF INVENTOR | FAMILY NAME Drmanac | FIRST GIVEN NAME Snezana | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY Palo Alto | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP YU |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 850 East Greenwich Place | CITY Palo Alto | STATE & ZIP CODE/COUNTRY California 94303 |
| 217 | FULL NAME OF INVENTOR | FAMILY NAME Labat | FIRST GIVEN NAME Ivan | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY Sunnyvale | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP YU |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 140 Acalanes Drive | CITY Sunnyvale | STATE & ZIP CODE/COUNTRY California 94086 |
| 218 | FULL NAME OF INVENTOR | FAMILY NAME Leshkowitz | FIRST GIVEN NAME Dena | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY Sunnyvale | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP U.S.A. |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 678 Durshire Way | CITY Sunnyvale | STATE & ZIP CODE/COUNTRY California, 94087 |
| 219 | FULL NAME OF INVENTOR | FAMILY NAME Kita | FIRST GIVEN NAME David | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY Foster City | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP U.S.A. |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 899 Bounty Drive | CITY Foster City | STATE & ZIP CODE/COUNTRY California 94404 |
| 220 | FULL NAME OF INVENTOR | FAMILY NAME Garcia | FIRST GIVEN NAME Veronica | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY Sunnyvale | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP ES |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 396 Ano Nuevo, #412 | CITY Sunnyvale | STATE & ZIP CODE/COUNTRY California 94086 |
| 221 | FULL NAME OF INVENTOR | FAMILY NAME Jones | FIRST GIVEN NAME Lee | SECOND GIVEN NAME William |
| | RESIDENCE & CITIZENSHIP | CITY San Jose | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP U.S.A. |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 396 Ano Nuevo, #412 -146 | CITY Sunnyvale | STATE & ZIP CODE/COUNTRY California 94086 |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.</p> | | | | |
| SIGNATURE OF INVENTOR 216 | | SIGNATURE OF INVENTOR 217 | | SIGNATURE OF INVENTOR 218 |
| DATE | | DATE | | DATE |
| SIGNATURE OF INVENTOR 219 | | SIGNATURE OF INVENTOR 220 | | SIGNATURE OF INVENTOR 221 |
| DATE | | DATE | | DATE |

| | | | | |
|-----|-------------------------|--|--|--|
| 222 | FULL NAME OF INVENTOR | FAMILY NAME Stache-Crain | FIRST GIVEN NAME Birgit | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY Sunnyvale | STATE OR FOREIGN COUNTRY California | COUNTRY OF CITIZENSHIP DE |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS 345 South Mary Avenue | CITY Sunnyvale | STATE & ZIP CODE/COUNTRY California 94086 |
| | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |
| | FULL NAME OF INVENTOR | FAMILY NAME | FIRST GIVEN NAME | SECOND GIVEN NAME |
| | RESIDENCE & CITIZENSHIP | CITY | STATE OR FOREIGN COUNTRY | COUNTRY OF CITIZENSHIP |
| | POST OFFICE ADDRESS | POST OFFICE ADDRESS | CITY | STATE & ZIP CODE/COUNTRY |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

| | | |
|---------------------------|-----------------------|-----------------------|
| SIGNATURE OF INVENTOR 222 | SIGNATURE OF INVENTOR | SIGNATURE OF INVENTOR |
| DATE | DATE | DATE |
| SIGNATURE OF INVENTOR | SIGNATURE OF INVENTOR | SIGNATURE OF INVENTOR |
| DATE | DATE | DATE |